

Vision Plan

Plan Benefits

The Vision Plan offers coverage for general vision benefits, such as exams, eyeglasses, and contact lenses. Read more about the plan benefits on the next page.

Keep in mind this information is a summary only, and you should refer to the plan's official Summary Plan Description for full details, including all limitations and exclusions.

Your Choice

You may choose to enroll yourself and your eligible dependents in the Davis Vision Plan.

As a safeguard to protect the utilization of the Vision Plan, City of Albuquerque and participating entities have a 2-year enrollment requirement under this plan. You and each member of your family have to fulfill the 2-year enrollment requirement before you can drop vision coverage unless the member resigns, retires or terminates employment.

Cost of Coverage

When you enroll in the vision plan, you are responsible for part of the premium cost. The chart below shows your cost, which is taken on a per pay period basis. As you can see, your amount depends on what family members you enroll.

Bi-Weekly Contributions	
	Davis Vision Plan
Employee only	\$0.40
Employee and spouse	\$0.77
Employee and children	\$0.81
Employee and family	\$1.21

Learn More

You can find more information at <http://eweb.cabq.gov/>



DAVIS VISION™
THE EYECARE ADVANTAGE

...passion for quality has led Davis Vision to become the nation's first and only vision care PPO fully accredited by JCAHO

Davis Vision seamlessly integrates a highly credentialed nationwide provider network, awarded-winning fabrication laboratories (COLTS Gold Quality Seal), world-class IT systems and benchmark CQI program to ensure the provision of maximum vision care value. As a proven leader in the industry, now covering more than 24 million members coast-to-coast, Davis Vision is in a unique position to optimize your company's benefits, satisfying employee/member needs through customized solutions.

To learn how Davis Vision can help your organization, visit www.davisvision.com and for additional information, e-mail CloserLook@davisvision.com or call (800) 328-4728 ext. 3015.

**“The Closer You Look...
the Better We Look.”**

DAVIS VISION™
THE EYECARE ADVANTAGE
www.davisvision.com

Davis Vision Plan

The Davis Vision Plan offers vision coverage throughout the state. Providers represent all types of vision specialists including: private optometrists, ophthalmologists, free-standing retail stores and optical centers located within national retail department stores.



How the Davis Vision Plan Works

When you use a Davis Vision provider, your vision benefit covers a comprehensive eye examination, lenses (spectacle or contacts) and a \$40 allowance for frames.

In private offices, Davis Vision expands on the \$40 wholesale frame allowance by providing access to the Tower Collection available at network doctor offices. This provides access to 300 more fashionable frames including unisex styles and gender-specific classics. Many come with a one-year unconditional breakage warranty.

When you use out-of-network providers, you will receive a reimbursement up to an allotted amount. You will need to complete a claim form and send it to Davis Vision for reimbursement.

Send to:
Vision Care Processing Unit
P.O. Box 1525
Latham, NY 12110

To request claim forms, visit www.davisvision.com or call 800-999-5431.

Call 800-999-5431 to find a network provider near you or access the directory online at www.davisvision.com.

Vision Benefits At-A-Glance

This chart is only a highlight of the benefits. Refer to your member certificate or group subscriber agreement for specific details, including limitations and exclusions.

	Network	Out-of-Network
Frequency		
Exam	Every 12 months	
Eyeglasses	Every 12 months	
Frames	Every 24 months	
Contact lenses	Every 12 months	
Exams	\$10 co-pay	Reimbursement up to \$35
Frames		Reimbursement up to \$35
Lenses		
Single	\$15 co-pay	Reimbursement up to:
Bifocal		\$25
Trifocal		\$40
Lenticular		\$55
Contact lenses ²		\$80
In lieu of eyeglasses	No charge up to allowable amount ¹	Reimbursement up to \$110
Medically necessary	No charge up to allowable amount ¹ (prior approval required)	Reimbursement up to \$210

Vision Plan Exclusions

The following items are not covered by this vision program:

- Medical treatment of eye disease or injury
- Vision therapy
- Special lens designs or coatings, other than those previously described
- Replacement of lost eyewear
- Non-prescription (plano) lenses
- Services not performed by licensed personnel
- Contact lenses and eyeglasses in the same benefit cycle
- Two pairs of eyeglasses in lieu of a bifocal

¹To ensure maximum value for members, an exclusive contact lens program has been developed to provide contact lenses at no co-pay for members when ordering the Davis Vision formulary lenses. The program supplements the plan design specified \$110 allowance to ensure exceptional added value for contact lens wearers. Under the program, members will receive one pair of standard soft daily wear contact lenses, two boxes of planned replacement contact lenses, or four boxes of disposable contact lenses. A \$110 credit will be applied toward contact lenses from the provider's own supply (such as gas permeable or toric). When receiving services from a participating retail center, the credit will be applied toward the purchase of contact lenses and fitting/follow-up fees. Where required by state law, the full credit may be applied toward contact lenses only. Medically necessary contact lenses are covered in full (prior approval is required).

²Contact lenses can be worn by most people. Once the contact lens option is selected and the lenses are fitted, they may not be exchanged for eyeglasses. Routine eye examination may not include professional services for contact lens evaluations. Any applicable fees are the responsibility of the patient.